

This Form is for INTERNAL PTO USE ONLY
It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09 / 560518

Total Fee Calculation

Fee Code	Total # Claims	Number Entered	X	Fee	Fee	Total
Sm./Lg.				Sm. Entry	Lg. Entry	
Basic Filing Fee	<u>201/101</u>					<u>690</u>
Total Claims > 20	<u>201/101</u>	<u>20</u>		X		
Independent Claims > 1	<u>202/102</u>	<u>2</u>		X		
Multi. Dep. Claim Present	<u>204/104</u>					
Surcharge	<u>205/105</u>					
English Translation	<u>119</u>					<u>130</u>
<u>TOTAL FEE CALCULATION</u>						<u>820</u>

Fees due upon filing the application

Total Filing Fees Due = \$ 820

Less Filing Fees Submitted = \$ 0

BALANCE DUE = \$ 820

SMC
Office of Initial Patent Examination